

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43436
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791 /
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **12** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Erma Andrews**
 (a) Residence, No. **610 N 22nd Street** St. **27**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 19, 1909**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 7 20
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House maid**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **23 6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Homer Kirkland**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown** 31

MOTHER
 15. MAIDEN NAME **Cora Smith**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana** 27

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **12-15-37**

19. FUNERAL DIRECTOR (ADDRESS) **3705 Bessie**

20. **DEC 20 1937** 19 **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 9 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct. 19 1937** to **Dec. 9 1937**
 I last saw him/her alive on **Dec. 9 1937** Death is said to have occurred on the date stated above, at **10:40 a.m.**
 The principal cause of death and related causes of importance were as follows:

Tuberculous nephritis Date of onset **10/19/37**
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Ad. L. Lewis**, M. D.
 (Signed) **Ad. L. Lewis**
 (Address) **2601 N Whittier**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)